

of Orlando and his team at NASA contributes greatly to our efforts to renew interest in space exploration and scientific discovery among our Nation's youth. It was this same enthusiasm that first led us to orbit the Earth and reach the Moon.

Orlando exemplifies the kind of perseverance endemic to America's civil servants.

He and his team demonstrated once again that our Nation, when we get knocked down, can get back up and accomplish any task we set for ourselves.

It was for this reason that Orlando was awarded the Service to America—Federal Employee of the Year medal in 2005.

I hope that all the members of this body will join me in recognizing the important contribution made by Orlando Figueroa and all of the hard-working employees of NASA.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, as others of my colleagues have done, I have come to the floor periodically—pretty much every day we have been in session in the last couple months—and shared letters from people from Ohio who are in the midst of a personal health care crisis—small businesspeople who want to cover employees but simply cannot afford to, and individual young people who are removed from their parents' insurance when finishing school or who come back from the Army and cannot get insurance, and people who have preexisting conditions—all kinds of people who, in many cases, thought they had good health care insurance, and they got very sick, it got expensive, and they lost the insurance.

I wish to share some letters again tonight. These are new letters and stories I have heard. Over the last month or so, I have done townhall meetings in Cincinnati, where 1,500 people showed up, and this is the most conservative part of Ohio. Two-thirds of them supported the President's health care effort and about a third opposed it. I did a large townhall meeting also in Columbus, and I did roundtables—135 or so—around Ohio in the last couple years, where I have listened to people talk about issues and what we can do to make my State better. I have been in all 88 counties doing that. I did an electronic townhall meeting the other night, where several hundred people were on and I took questions and explained the health care legislation; and I especially tried to answer questions about some of the misinformation.

It is important to understand that the insurance industry has a lot to lose with this health care bill. They like the system the way it is. It works for them and they are immensely profitable. Their executives are making \$10 million, \$20 million a year. Some of their CEOs and top management put out some significant misinformation about this bill to protect their economic interests. That is important to remember.

Elizabeth is from Clermont County, along the Ohio River, east of the Cincinnati, a fast-growing suburban county. She writes:

I am 25 years old and unemployed. Years ago, I was diagnosed with a blood disorder. Up until I turned 25, I was covered under my father's health insurance through his work.

When I turned 25, I had to find my own health insurance, but because of my pre-existing condition, I was denied by most insurances.

The best one I could get is of very poor quality and it's very expensive.

That happens with a lot of young people. They are under their parents' insurance and they finish school and move out and the insurance companies drop them when they are 22, 23, 24 years old, even when they are employed, because people at that age—similar to the pages in front of us—are probably on their parents' insurance, but when they finish school and get jobs—and they are probably not going to be the kind of jobs, in many cases, that have health insurance—except that, by that time, we are going to have passed this health insurance bill. But one of the things our bill does is says no insurance company may drop you from their plan until you turn 26. So a young person who finishes school and is trying to get on their feet or who goes to the Army for 3 years and then comes back out and maybe is living at home trying to get on his or her feet, until he or she turns 26, he or she can continue to be on their parents' insurance plan. Once they turn 26 and they don't have insurance, they can go into the insurance exchange, which we can talk about later.

So this bill will absolutely matter to somebody such as Elizabeth.

Sharon is from Portage County. She says:

My husband will turn 65 at the end of the year. He wants to retire, and after working hard for his company for 30 years, he deserves it.

But I'm only 62 and recently lost my job. If my husband retires, I will have no coverage for three years.

She has to wait until she is 65.

We will not be able to afford insurance for me based on his retirement savings.

Please help us and many others who are struggling.

Sharon lives east of Akron, the home of Kent State University, near Ravenna, Aurora, and other communities there. Sharon's situation would allow her, regardless of her income, to be able to go into the insurance exchange, which means that if she is fairly low income, she will get subsidies from the

government to help pay her premium. With the insurance exchange, she will be able to choose, under the plan we have written so far, whether she wants to go with Aetna, Blue Cross, Medical Mutual, a not-for-profit insurance company in Ohio, or perhaps into SummaCare in the Akron area or into the public option. The legislation provides for an option that is not private—a government option—that will do several things. First, the public option will keep the private insurance companies honest. They will quit gaming the system if they have to compete against a public Medicare look-alike plan.

Second, the public option will help to drive costs down because they will compete against these private insurance companies, and that is so very important.

Third, the public option will be available particularly in rural areas where there is not a particularly competitive market. In southwest Ohio, for instance, two insurance companies have 85 percent of the market. A public option would inject needed competition where there is not any today.

Margaret from Greene County in the Xenia and Jamestown area said:

My husband works for a small business. Although we have health insurance through his employer, my husband has not been to a doctor for a few years.

I believe he is putting off regular checkups because he is afraid the doctor will diagnose one of those conditions, such as diabetes, that blacklists people from health insurance.

Small businesses cannot afford to have even one person with a chronic illness on their insurance because it raises the rates so much for the company.

I understand that the insurance and drug industries have too much money and political power, but my husband can't afford to lose his job.

First, about that last point, 5 years ago I was in the House of Representatives. In those days, when President Bush was in the White House, he pushed a bill through the Congress to partially privatize Medicare. It was a total giveaway to the drug companies and insurance companies. Those days are over. With the legislation we pass, the drug companies are going to be unhappy with it and insurance companies are going to be unhappy with it. I want them to be treated fairly, but I don't want them to have the power in this health care system they have had in the last few years, and they won't under this legislation.

Margaret is right about a small business. If you work for a company that has 20 employees—say you own a small business with 10, 15, 20 employees and one of them gets very sick and they have to take expensive biologics or go into the hospital and their costs are high. The insurance company will do one of two things: It will either cut you out of the plan or cut the small business out of the plan or it will raise rates so high on that small business—because they have 1 or 2 really expensive cases, the insurance companies will raise their rates so much for that

small business that the small business won't be able to afford it anymore.

What Margaret's husband's employer could do, so that Margaret's husband could go to the doctor even if he had major health problems to be taken care of, is if he chose to take his employees into this exchange, again, they could go to Aetna, Medical Mutual, BlueCross, or the public option. And the small business is going to get tax credits that are not available now to bring down the cost of the insurance.

Once a small business goes into a larger pool, the rates come down because small businesses and individuals always pay more than large businesses that can spread their risk to a much wider pool.

The last one I will share is from Jamie from Fairfield County:

I am a married 40-year old mother of three sons. I am currently uninsured, but my husband is self-employed and has insurance for him and our children.

The insurance companies refuse to insure me due to a preexisting condition. My condition does not require any treatment and I haven't followed up on it since my diagnosis 4 years ago.

Without insurance, I am nearly 3 years overdue for my mammogram and 4 years overdue for my OB/GYN exam. I have not had any of the preventive testing that begins in your forties.

My family is plagued by heart disease, cancer, and diabetes. I fear that without the opportunity for health care, I will not be able to be here for my children and my future grandchildren.

I ask that you please give me a voice with those opposed to health care reform.

Jamie, from Fairfield County, a suburban county southeast of Columbus, is in a situation in which far too many people are. She needs the preventive care, but she does not get the preventive care because she cannot get insurance because she has a preexisting condition. Imagine that: You are 40 years old—people in this body, it is hard for us to be as sympathetic as we should be. We make a good income here. We have status in the community. Most Members of this body generally have pretty good health insurance, but it is pretty hard to empathize. But we need to with people such as Jamie—40 years old, preexisting condition, but she does not go to the doctor to get preventive care. She doesn't get the OB/GYN exams. She does not get the mammogram. She does not get the preventive testing a 40-year-old woman should get. What happens? At some point, she may come down with an illness, a significant, serious expensive illness that will not only compromise her health or worse, but it will mean the health care system will spend a lot more money on Jamie than it would have if she had insurance to get preventive care.

That is what is so important about this legislation. One of the things our bill does is insurance companies under our bill—the public option, Aetna, CIGNA, or any of the insurance providers, public or private—the legislation we are passing will say to them—they are charged a premium, but they

can't make them pay a copay for preventive care. Nobody under our plan who goes to a doctor in the health care exchange will pay a preventive care copayment. That means more people will get mammograms, more men tested for prostate cancer, more men and women will get colonoscopies when they turn 50, women will get OB/GYN exams. All these exams will help people live longer and more prosperous lives and help prevent them from getting huge medical bills that so often lead to all kinds of bankruptcies and other financial problems.

I get hundreds of these letters a week—most of us do—from people who simply want a fair shake. With this legislation, as we know, if you have insurance and are happy with it, you can keep your insurance. We are building consumer protections around that insurance, so no more cutting people off with preexisting conditions and no more annual caps or lifetime caps if they get sick, and they can't take their insurance away, no more discrimination based on gender, age, geography, or disability. That will be in the past.

The second thing the bill does so very well is it provides insurance for people who don't have insurance, decent, affordable, high-quality insurance.

Third, it helps small businesses so they can provide insurance for their employees, because most small businesses I know, whether they are in Toledo, Youngstown, Athens, Gallipolis, Dayton, or Springfield, want to provide insurance. Most small businesses want to provide insurance to their employees, but so many can no longer afford the insurance they provided 10, 20 years ago.

The last thing our bill does is it provides a public option. That means people will have the choice. It is another choice they can make, another choice they can make if they don't want private insurance. They can go with the public option, and they will see the public option keep prices down, provide choice, and keep the insurance companies honest.

This legislation makes sense. It is time we move this legislation in the next few weeks and get it to the President's desk by Thanksgiving.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

AFGHANISTAN

Mr. CASEY. Mr. President, I appreciate the statement my colleague, Senator BROWN from Ohio, just made about health care. It is a critically important issue we all have been working on. He and I were fortunate to serve this summer and throughout the year, but especially this summer, working on the bill he spoke of—the Health, Education, Labor and Pensions Committee bill.

I rise tonight to talk about another significant challenge we face as Americans; that is, the really grave challenge we face in Afghanistan.

I had the opportunity this summer toward the end of August to travel to both Afghanistan and Pakistan with Senator BROWN of Ohio and his colleague from Ohio, ZACK SPACE, a Member of the House of Representatives. They would agree with me, and I believe most Americans would agree, that when we have troops on the ground in harm's way in such an important part of the world for our security, we must have a very serious debate, a sober deliberation, an objective assessment of where we are right now.

The administration has expressed, and I support, the overall goal in Afghanistan to ensure that al-Qaida or any other terrorist group does not gain the sanctuary it requires to plot, plan, or train for another terrorist attack on American soil or against our allies.

We have seen the direct impact of an unstable Afghanistan right in my home State of Pennsylvania. Last week, I traveled to Shanksville, PA, in southwestern Pennsylvania, as the world knows now as the place where the plane went down in September of 2001. That was an unspeakable act of terrorism. Thank goodness for this Capitol and for our country that a group of brave Americans took control as best they could and made sure that plane, which was headed for Washington, did not get here. And they gave their lives in that effort. The men responsible for those attacks conducted their planning from Afghanistan, not from anywhere else. It is in our national security interest to make sure that Afghanistan today never again becomes a safe haven for the likes of Osama bin Laden or any other terrorist who may confront us in the future and continues to confront us today.

As of this week, at least 822 members of the U.S. military have died in Afghanistan, including 35 from the State of Pennsylvania. Those who gave, in Lincoln's words, "the last full measure of devotion" to their country, we are thinking of them and their families tonight, as we do every day.

We are also remembering those who have sacrificed time in Afghanistan in this effort and some who have been wounded, so many who have been wounded—thousands have been wounded in just this conflict itself.

We turn again to Lincoln when he talked about "he who has borne the battle"—in the modern context of that, him or her, fighting men and women on the ground in Afghanistan, in Iraq, and other places around the world. We are thinking of them tonight, and we pray for them. But we also pray for ourselves that we may be worthy of their valor.

I know there have been a lot of reports lately and discussions about what has been happening in Afghanistan. We have seen recent reports of heavy Taliban activity across 80 percent of Afghanistan. That doesn't mean they control 80 percent, but there is a lot of activity in 80 percent. That number is up from 72 percent in November 2008